

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000022816

**Entity Name:** TSM ENTERPRISES OF FLORIDA, LLC

**Current Principal Place of Business:**

5668 FISHHAWK CROSSING BLVD  
SUITE 328  
LITHIA, FL 33547

**Current Mailing Address:**

5668 FISHHAWK CROSSING BLVD  
SUITE 328  
LITHIA, FL 33547

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SADORF, RICK W  
1744 N BELCHER ROAD  
SUITE 150  
CLEARWATER, FL 33765 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |   |                 |  |
|-----------------|---|-----------------|--|
| Title           | MGR                                       | Title           | MANAGER                                  |
| Name            | MITCHELL, TIFFANY                         | Name            | KATINA , MCCLINTON                       |
| Address         | 5668 FISHHAWK CROSSING BLVD,<br>SUITE 328 | Address         | 5668 FISHHAWK CROSSING BLVD<br>SUITE 328 |
| City-State-Zip: | LITHIA FL 33547                           | City-State-Zip: | LITHIA FL 33547                          |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIFFANY MITCHELL

**MGR**

**08/08/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date